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## BIB DATA SHEET

CONFIRMATION NO. 1808

<b>SERIAL NUMBER</b> 10/580,190	<b>FILING or 371(c) DATE</b> 05/23/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> 2503-1215		
<b>APPLICANTS</b> Ezio Bombardelli, Gropello Cairoli, ITALY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/12472 11/04/2004 <b>** FOREIGN APPLICATIONS *****</b> ITALY MI2003A 002287 11/24/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/29/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/QIUWEN MI/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> YOUNG & THOMPSON 209 Madison Street Suite 500 Alexandria, VA 22314 UNITED STATES						
<b>TITLE</b> Compositions for the treatment of affections of the oral cavity and upper respiratory tract						
<b>FILING FEE RECEIVED</b> 1120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			